



PROPOSAL SUBMISSION AUTHORIZATION FORM

-This form is to be submitted for all New, Renewal and Resubmission Proposals-

P.I. Name: _____ **Sponsor:** _____ **Sponsor Due Date:** _____

Project Title: _____

Proposal Summary/Abstract: _____

Review Criteria:

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		1. Is the proposed work appropriate & compatible with other LBNL and DOE programs?
<input type="checkbox"/>	<input type="checkbox"/>		2. Are there strong technical merits to the proposed work?
<input type="checkbox"/>	<input type="checkbox"/>		3. Will the proposal contain proprietary information or involve patentable subject matter?
<input type="checkbox"/>	<input type="checkbox"/>		4. Will the proposal contain LBNL background intellectual property ?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Will the proposed work contain conflict of interest issues?
<input type="checkbox"/>	<input type="checkbox"/>		6. Proposed work contains human use . If yes, the appropriate approvals will be secured.
<input type="checkbox"/>	<input type="checkbox"/>		7. Proposed work contains animal use . If yes, the appropriate approvals will be secured.
<input type="checkbox"/>	<input type="checkbox"/>		8. Does the proposed work require additional laboratory space ? If yes, the appropriate approval has been secured. Copies have been attached.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Except for NIH, does the Sponsor allow for full overhead recovery ? If no, the appropriate approval for the redirection of overhead has been secured. Copies have been attached.

By signing below you certify that the proposed work has been reviewed for the above criteria and that the information provided is accurate, current and complete. Group leaders and/or Department Heads should be prepared to defend authorized proposal submissions. Furthermore, this proposal is appropriate for submittal to the Biosciences Proposals Office.

Lead Division:

Other Participating Division:

P.I. Signature Date

P.I. Signature Date

Division Director Signature Date
or Designee

Group Leader/
Department Head Signature Date

Divisional Signature Date